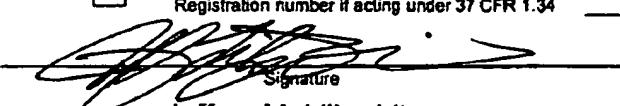




Approved for use through 07/31/2006. OMB 0651-0031
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Fee only

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005 (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).)		48924-01050
Application Number	10/697,418	Filed October 30, 2003
For Method and Apparatus for Adjusting an Active Filter		
Art Unit	2816	Examiner Minh T. Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2665</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,220</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34</small> _____		
 Signature		May 11, 2005 Data
Jeffery M. Lillywhite Typed or printed name		801-521-5800 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(e). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Office of the Commissioner of Patents and Trademarks, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. **10697418** **1020.00 DA** **81 FC:1253** **082665**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



MAY 11 2005

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

100.00

Complete If Known

Application Number	10/697,418
Filing Date	October 30, 2003
First Named Inventor	Christian Fleischhacker
Examiner Name	Minh Nguyen
Art Unit	2816
Attorney Docket No.	48924-01050

*Fee only***METHOD OF PAYMENT** (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-2665 Deposit Account Name: Holme Roberts & Owen LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
22	- 20 or HP =	2	x 50 =	100	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
2	- 3 or HP =		=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 53,220

Telephone (801) 521-5800

Name (Print/Type) Jeffrey M. Lillywhite

Date May 11, 2005

5/11/2005 ASIMITH 00000003 082665 10697418

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/697418

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	KCE	5/11/05
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	5/11/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	* 22	Minus	** 20 = 2
Independent	* 2	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	Rate
BASIC FEE	150.00	OR BASIC FEE 300.00
X\$ 25=		OR X\$50=
X100=		OR X200=
+180=		OR +360=
TOTAL		OR TOTAL 790.00

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X\$ 25=		OR X\$50= 100.00
X100=		OR X200=
+180=		OR +360=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE 100.00

AMENDMENT B	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X\$ 25=		OR X\$50=	
Independent	X100=		OR X200=	
	+180=		OR +360=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE 100.00	

AMENDMENT C	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	X\$ 25=		OR X\$50=	
Independent	X100=		OR X200=	
	+180=		OR +360=	